

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN1903	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  07/05/2016
NAME OF PROVIDER OR SUPPLIER  BETHANY HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 421 OCALA DRIVE NASHVILLE, TN 37211		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 901	<p>1200-8-6-.09(1) Life Safety</p> <p>(1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations.</p> <p>This Rule is not met as evidenced by: Based on observations, the facility failed to comply with applicable building and fire safety regulations.</p> <p>The findings included:</p> <p>Observation on 7/5/16 at 12:37 AM, revealed patient room doors throughout the facility required a tight grasping and turning motion. ADA Standards for Accessible Design (ADA), 309.4 (2010 Edition)</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 7/5/16.</p>	N 901	<p>ADA (309.4, 2010 Edition) compliant lever action door handles were ordered on 7/19/2016; in order to replace 50% of patient room door handles as required by the ADA. (Attachment #10) The Environmental Services Director has completed an inspection to determine which 50% of the door handles require a tight grasping turning motion. All 1<sup>st</sup> floor patient room doors (46 of 92 total patient room doors) will be replaced. Door handles were delivered 7/22/16. Installation will begin upon delivery and continue thru 8/12/16. After completion, the Environmental Services Director will complete an inspection to ensure the door handles were correctly installed in the required locations. Progress will be reported at the next schedule QAPI meeting 7/25/16.</p> <p>The Environmental Services Director will inspect the doors quarterly to ensure the door handles remain in place. The result of the inspections will be reported to the Administrator and to the QAPI Committee on a quarterly basis, beginning with the meeting scheduled for July 25, 2016. Inspection and reporting will continue for three additional quarters. After three quarters of inspection and reporting, the QAPI Committee will determine the frequency of inspection and reporting thereafter.</p>	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6639

B35821

NHA

7/22/16

If continuation sheet 1 of 1

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN1903	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING	(X3) DATE SURVEY COMPLETED  07/05/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BETHANY HEALTH CARE CENTER

421 OCALA DRIVE  
NASHVILLE, TN 37211

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N 901	1200-8-6-.09(1) Life Safety	N 901	(continued from page 1)  The QAPI Committee meets monthly. Membership of the QAPI Committee includes the Medical Director, the Administrator, the DON, the Nursing Unit Managers for First and Second Floors, MDS Staff, Environmental Services Director, Clinical Coordinator, Activities Director, Dietary Manager, Social Services Director, and the Admissions Coordinator.	8/12/16

Division of Health Care Facilities

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TITLE

(X6) DATE

DATE FORM

5959

B35821

N/A

7/22/16

If continuation sheet 1 of 1